

<i>SERFF Tracking Number:</i>	<i>LBRM-125522279</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-01023</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>AR-WC-TRIPRA-DISCLOSURE NOTICE</i>		
<i>Project Name/Number:</i>	<i>AR-WC-TRIPRA-DISCLOSURE NOTICE/2008-01023</i>		

Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company, The Netherlands Insurance Company

Product Name: AR-WC-TRIPRA-DISCLOSURE SERFF Tr Num: LBRM-125522279 State: Arkansas
NOTICE

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 2008-01023

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Tammy Blake

Disposition Date: 03/07/2008

Date Submitted: 03/05/2008

Disposition Status: Approved

Effective Date Requested (New): 04/01/2008

Effective Date (New): 04/01/2008

Effective Date Requested (Renewal): 04/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-WC-TRIPRA-DISCLOSURE NOTICE

Status of Filing in Domicile:

Project Number: 2008-01023

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 03/07/2008

State Status Changed: 03/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Effective April 1, 2008 for new and renewal business, we wish to file our revised Disclosure Notice

ST-ML-506 (01/08) which reflects the revisions made due to The Terrorism Risk Insurance Program

Reauthorization Act of 2007.

SERFF Tracking Number:	LBRM-125522279	State:	Arkansas
First Filing Company:	America First Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-01023		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	AR-WC-TRIPRA-DISCLOSURE NOTICE		
Project Name/Number:	AR-WC-TRIPRA-DISCLOSURE NOTICE/2008-01023		

Company and Contact

Filing Contact Information

Tammy Blake, State Filings Analyst	tammy.blake@LibertyMutual.com
62 Maple Avenue	(800) 826-6189 [Phone]
Keene, NH 03431	(603) 352-9252[FAX]

Filing Company Information

America First Insurance Company	CoCode: 12696	State of Domicile: New Hampshire
62 Maple Ave.	Group Code: 111	Company Type: P & C
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 58-0953149	

Peerless Indemnity Insurance Company	CoCode: 18333	State of Domicile: Illinois
62 Maple Ave.	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 13-2919779	

Peerless Insurance Company	CoCode: 24198	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0177030	

The Netherlands Insurance Company	CoCode: 24171	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0342937	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00

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<i>Company Tracking Number:</i>	<i>2008-01023</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>AR-WC-TRIPRA-DISCLOSURE NOTICE</i>		
<i>Project Name/Number:</i>	<i>AR-WC-TRIPRA-DISCLOSURE NOTICE/2008-01023</i>		
Retaliatory?	No		
Fee Explanation:	\$50.00 PER FILING		
Per Company:	No		

SERFF Tracking Number: *LBRM-125522279* *State:* *Arkansas*
First Filing Company: *America First Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-01023*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *AR-WC-TRIPRA-DISCLOSURE NOTICE*
Project Name/Number: *AR-WC-TRIPRA-DISCLOSURE NOTICE/2008-01023*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	03/05/2008	18336942
Peerless Indemnity Insurance Company	\$0.00	03/05/2008	
Peerless Insurance Company	\$0.00	03/05/2008	
The Netherlands Insurance Company	\$0.00	03/05/2008	

SERFF Tracking Number:	LBRM-125522279	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/07/2008	03/07/2008

<i>SERFF Tracking Number:</i>	<i>LBRM-125522279</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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Disposition

Disposition Date: 03/07/2008
Effective Date (New): 04/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	LBRM-125522279	State:	Arkansas
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Company Tracking Number:	2008-01023		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	AR-WC-TRIPRA-DISCLOSURE NOTICE		
Project Name/Number:	AR-WC-TRIPRA-DISCLOSURE NOTICE/2008-01023		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Supporting Document	EXPEDITED TRANSMITTAL FORMS	Approved	Yes
Form	DISCLOSURE NOTICE	Approved	Yes

SERFF Tracking Number: LBRM-125522279 State: Arkansas

First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-01023

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-TRIPRA-DISCLOSURE NOTICE

Project Name/Number: AR-WC-TRIPRA-DISCLOSURE NOTICE/2008-01023

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	DISCLOSURE NOTICE	ST-ML-506	01-2008	Disclosure/ Replaced Notice	Replaced Form #:0.00 ST-ML-506 (04/06) Previous Filing #:		ST-ML-506 01 08.pdf

TERRORISM INSURANCE PREMIUM NOTICE

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments (“TRIA” or the “Act”), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer’s losses from a “certified act of terrorism” exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

MANDATORY OFFER OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a “certified act of terrorism” AND that is otherwise covered under your policy.

A “certified act of terrorism” means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to –
 - (I) human life;
 - (II) property; or
 - (III) infrastructure;
- (iii) to have resulted in damage within the United States, or outside of the United States in the case of –
 - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
 - (II) the premises of a United States mission; and
- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

PREMIUM DISCLOSURE STATEMENT

Your policy does not contain an exclusion for losses resulting from “certified acts of terrorism.” Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy.

THE PREMIUM CHARGE FOR THIS COVERAGE FOR THE POLICY PERIOD APPEARS ON THE ATTACHED QUOTE – OR DECLARATIONS PAGE IF THIS NOTICE IS ATTACHED TO YOUR POLICY - NEXT TO THE SEPARATE LINE ITEM CHARGE FOR “CERTIFIED ACTS OF TERRORISM” OR “TRIA COVERAGE.”

IF THIS NOTICE IS ATTACHED TO A WORKERS COMPENSATION QUOTE OR POLICY, THE PREMIUM CHARGE APPEARS NEXT TO THE SEPARATE LINE ITEM CHARGE(S) FOR “TERRORISM”, “FOREIGN TERRORISM”, “TRIA COVERAGE” OR “CERTIFIED ACTS OF TERRORISM” AND, WHERE APPLICABLE, A SEPARATE LINE ITEM CHARGE CONTAINING THE WORDS “CATASTROPHE” OR “DOMESTIC TERRORISM.”

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your agent.

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<i>Company Tracking Number:</i>	<i>2008-01023</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125522279 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-01023
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-TRIPRA-DISCLOSURE NOTICE
Project Name/Number: AR-WC-TRIPRA-DISCLOSURE NOTICE/2008-01023

Supporting Document Schedules

	Review Status:	
Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Approved	03/07/2008

Comments:
P & C TRANSMITTAL

Attachment:
P & C TRANSMITTAL.pdf

	Review Status:	
Satisfied -Name: COVER LETTER	Approved	03/07/2008

Comments:
COVER LETTER

Attachment:
2008-01023.trb.pdf

	Review Status:	
Satisfied -Name: EXPEDITED TRANSMITTAL FORMS	Approved	03/07/2008

Comments:
EXPEDITED TRANSMITTAL FORM

Attachment:
TRIA Expedited Filing Form.pdf

Property & Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name**Group NAIC #****4. Company Name(s)****Domicile****NAIC #****FEIN #****State #**

Peerless Insurance Company

NH

111-24198

02-0177030

The Netherlands Insurance Company

NH

111-24171

02-0342937

America First Insurance Company

NH

111-12696

58-0953149

Peerless Indemnity Insurance Company

IL

111-18333

13-2919779

5. Company Tracking Number

2008-01023

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]**6. Name and address****Title****Telephone #s****FAX #****e-mail**Tammy Blake
62 Maple Avenue
Keene NH 03431Sr. Analyst,
Regulatory Filing AM

603-358-4520

603-352-9252

tammy.blake@libertymutual.com

7. Signature of authorized filer**Tammy Blake**Digitally signed by Tammy Blake
DN: cn=Tammy Blake, c=US
Date: 2008.03.05 10:24:55 -05'00'**8. Please print name of authorized filer**

Tammy Blake

Filing information (see General Instructions for descriptions of these fields)**9. Type of Insurance (TOI)**

16.0 Workers Compensation

10. Sub-Type of Insurance (Sub-TOI)

16.0004 Standard WC

11. State Specific Product code(s)(if applicable)[See State Specific Requirements]**12. Company Program Title (Marketing title)**

Workers Compensation

13. Filing Type
☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules
☒ Forms ☐ Combination Rates/Rules/Forms
☐ Withdrawal ☐ Other (give description)
14. Effective Date(s) Requested

New: 04-01-2008

Renewal: 04-01-2008

15. Reference Filing?☐ Yes ☒ No**16. Reference Organization (if applicable)**

n/a

17. Reference Organization # & Title

n/a

18. Company's Date of Filing

March 5, 2008

19. Status of filing in domicile☐ Not Filed ☒ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 2008-010123

21. **Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Effective April 1, 2008 for new and renewal business, we wish to file our revised Disclosure Notice ST-ML-506 (01/08) which reflects the revisions made due to The Terrorism Risk Insurance Program Reauthorization Act of 2007.

[View Complete Filing Description](#)

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



62 Maple Avenue
Keene, NH 03431
603-352-3221

March 5, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Workers Compensation
TRIPRA – Form Filing
PEERLESS INSURANCE COMPANY
NAIC #111-24198
THE NETHERLANDS INSURANCE COMPANY
NAIC #111-24171
AMERICA FIRST INSURANCE COMPANY
NAIC #111-12696
PEERLESS INDEMNITY INSURANCE COMPANY
NAIC #111-18333
Company Filing #2008-01023

Dear Mr. Lacy:

Effective April 1, 2008 for new and renewal business, we wish to file our revised Disclosure Notice ST-ML-506 (01/08) which reflects the revisions made due to The Terrorism Risk Insurance Program Reauthorization Act of 2007.

Enclosed, please find the Disclosure Notice along with the required filing forms and filing fee.

Questions regarding the above filing should be directed to me at 603-358-4520 or 800-826-6189 ext. 84520.

Sincerely,

Tammy R. Blake
Sr. Analyst Regulatory Filing AM
E-mail: tammy.blake@libertymutual.com

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Peerless Insurance Company	NH	111-24198	02-0177030
The Netherlands Insurance Company	NH	111-24171	02-0342937
America First Insurance Company	NH	111-12696	58-0953149
Peerless Indemnity Insurance Company	IL	111-18333	13-2919779

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Tammy Blake 62 Maple Avenue Keene NH 03431	603-358-4520	603-352-9252	Tammy.blake@ Libertymutual.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	Workers Compensation
Filing Type ** see note below	Form – Disclosure Notice
This application is used with:	Workers Compensation
Effective Date Requested	April 1, 2008
Filing date	March 5, 2008
Company Tracking Number	2008-01023
Date filing approved in domiciliary state, if applicable	


	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Disclosure Notice	ST-ML-506 (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	ST-ML-506 (04/06)	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Tammy Blake
Print Name:

Sr. Analyst, Regulatory Filing AM
Title: